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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/611,584	07/01/2003	Rajneesh Taneja	ABB01259P00350US (6950.US	5230
TAP Pharmaceutical Products, Inc. Attention: Mark J. Buonaiuto			EXAMINER	
			SASAN, ARADHANA	
675 North Field Drive Lake Forest, IL 60045			ART UNIT	PAPER NUMBER
			1615	
			MAIL DATE	DELIVERY MODE
			05/28/2008	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Interview Summary	10/611,584	TANEJA, RAJNEESH
interview Summary	Examiner	Art Unit
	ARADHANA SASAN	1615
All participants (applicant, applicant's representative, PTO	personnel):	
(1) <u>ARADHANA SASAN</u> .	(3)	
(2) <u>Myriah Gambrell-Glenn</u> .	(4)	
Date of Interview: 21 May 2008.		
Type: a)⊠ Telephonic b)⊡ Video Conference c)⊡ Personal [copy given to: 1)⊡ applicant 2	2) <u> </u>	e]
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)⊠ No.	
Claim(s) discussed:		
Identification of prior art discussed:		
Agreement with respect to the claims f) was reached. o	ı)∏ was not reached. h)⊠ N	I/A.
Substance of Interview including description of the general reached, or any other comments: <u>Myriah Gambrell-Glenn I favor of the continuation application</u> .		
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no callowable is available, a summary thereof must be attached	opy of the amendments that w	
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INTFILE A STATEMENT OF THE SUBSTANCE OF THE INTE requirements on reverse side or on attached sheet.	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM,	been filed, APPLICANT IS / DAYS FROM THIS WHICHEVER IS LATER, TO
Examiner Note: You must sign this form unless it is an	Examiner's signature, if requi	red

Application No.

Applicant(s)